

PUBLIC EMPLOYMENT RELATIONS COMMISSION

Street: 112 Henry Street NE, Suite 300, Olympia, WA 98506

Mail: PO Box 40919, Olympia, WA 98504-0919

Phone: (360) 570-7300 Fax: (360) 570-7334 E-mail: filing@perc.wa.gov

DO NOT WRITE IN THIS SPACE

RECEIVED

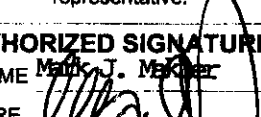
OLYMPIA, WA

MAR 12 2007

PUBLIC EMPLOYMENT
RELATIONS COMMISSIONPETITION FOR INVESTIGATION OF
QUESTION CONCERNING REPRESENTATION☐ Amended Petition in Case - E -

Instructions: Other side of this form (page 2) Applicable Rules: Chapters 10-08, 391-08, and 391-25 WAC.

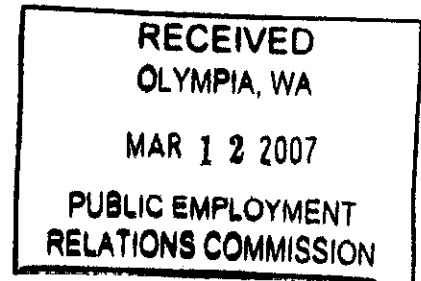
The petitioner claims that a question concerning representation exists involving certain employees of the employer named below.

1. EMPLOYER		ATTORNEY OR REPRESENTATIVE	
Western Washington University			
CONTACT PERSON	Cheryl Wolfe Lee, HR Director	ADDRESS	
ADDRESS	516 High Street		
CITY, STATE, ZIP	Bellingham, WA. 98225	CITY, STATE, ZIP	
TELEPHONE	(360) 650-3778 ext.	TELEPHONE	
FAX		FAX	
E-MAIL	cheryl.wolfe-lee@wu.edu	E-MAIL	
2. PETITIONER		ATTORNEY OR REPRESENTATIVE	
Western Washington University Police Assoc.		Mark J. Makler	
CONTACT PERSON	Josef Bailey	ADDRESS	Garrettson, Goldberg, Fenrich & Makler, P.C.
ADDRESS	2001 Bill MacDonald Parkway		5530 SW Kelly Avenue
CITY, STATE, ZIP	Bellingham, WA. 98225	CITY, STATE, ZIP	Portland, OR. 97239
TELEPHONE	(360) 650-3555 ext.	TELEPHONE	(503) 226-3906 ext.
FAX		FAX	(503) 295-0997
E-MAIL	josefbailey857@comcast.net	E-MAIL	markm@ggfm.com
3. INCUMBENT BARGAINING REPRESENTATIVE Indicate one.			
<input type="checkbox"/> The employees involved are not currently represented for bargaining; OR <input checked="" type="checkbox"/> The employees involved are currently represented by the organization below:			
ORGANIZATION		ATTORNEY OR REPRESENTATIVE	
AFSOME - WFE			
CONTACT PERSON	Brenda Williams	ADDRESS	
ADDRESS	444 NE Ravenna Blvd. #108		
CITY, STATE, ZIP	Seattle, WA. 98115	CITY, STATE, ZIP	
TELEPHONE	(206) 525-5363 ext.	TELEPHONE	
FAX	(206) 525-5366	FAX	
E-MAIL	brenda@wfe.org	E-MAIL	
4. COLLECTIVE BARGAINING AGREEMENT Indicate one.			
<input type="checkbox"/> The parties have never had a contract; OR <input checked="" type="checkbox"/> A copy of the parties' current (or most recent) collective bargaining agreement is attached.			
5. SHOWING OF INTEREST A petition filed by an organization or employees must be accompanied by a showing of interest indicating that the petitioner has the support of 30% or more of the employees in the bargaining unit.			
6. BARGAINING UNIT	EMPLOYER'S PRINCIPAL BUSINESS	DEPARTMENT OR DIVISION INVOLVED	NUMBER OF EMPLOYEES IN UNIT
	University Education	Police Department	13
DESCRIPTION OF UNIT Indicate inclusions, exclusions, contract page or case/decision number.			
All employees holding full-time and part-time positions in the classifications of police officers, police corporal, police sergeants, police dispatchers, but excluding management and/or confidential employees.			
7. DESIGNATION OF REQUEST Indicate one.			
<input type="checkbox"/> RECOGNITION REQUEST. The petitioner requests certification as exclusive bargaining representative of the bargaining unit.			
<input checked="" type="checkbox"/> CHANGE OF REPRESENTATIVE. The employees in the bargaining unit desire to designate the petitioner as their exclusive bargaining representative.			
<input type="checkbox"/> DECERTIFICATION. The employees in the bargaining unit no longer desire to be represented by any employee organization.			
<input type="checkbox"/> EMPLOYER PETITION - DEMAND FOR RECOGNITION. The employer has been presented with one or more demands for recognition (per attached documentation) and requests a determination by the Commission.			
<input type="checkbox"/> EMPLOYER PETITION - INCUMBENCY QUESTIONED. The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire representation by the incumbent exclusive bargaining representative.			
8. OTHER RELEVANT FACTS Indicate, if applicable.			
<input type="checkbox"/> Additional information is set forth on separate sheets of paper attached to this petition			
9. AUTHORIZED SIGNATURE FOR PETITIONER			
PRINT NAME Mark J. Makler		TITLE Attorney	
SIGNATURE 		DATE 030807	

CERTIFICATE OF SERVICE

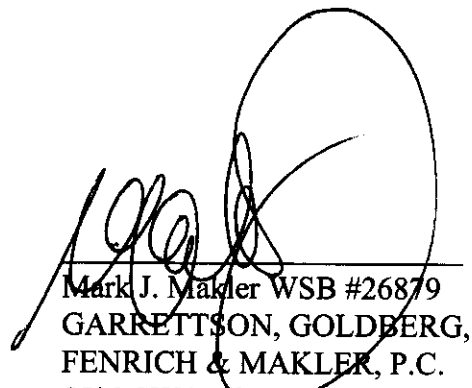
I hereby certify that on March 8, 2007, I served a true and correct copy of the foregoing **Petition for Investigation of Question Concerning Representation**, by the method indicated below to the following and addressed to the following:

____ Hand Deliver
xx U. S. Mail First Class Pre-Paid
____ Overnight Mail
____ Facsimile



Chyerl Wolfe-Lee, HR Director
Western Washington University
516 High Street
Bellingham, Washington 98225

Brenda Williams
AFSME - WFSE
444 NE Ravenna Blvd.
Seattle, Washington 98115



Mark J. Makler WSB #26879
GARRETTSON, GOLDBERG,
FENRICH & MAKLER, P.C.
5530 SW Kelly Avenue
Portland, Oregon 97239
(503) 226-3906

**GARRETTSON
GOLDBERG
FENRICH &
MAKLER, P.C.**

Attorneys at Law
www.ggfm.com

PORTLAND, OR

5530 SW Kelly
Portland, OR 97239
(503) 226-3906
(503) 295-0997 (FAX)

Daryl S. Garrettson

Admitted in OR
email: daryl@ggfm.com

Jaime B. Goldberg

Admitted in OR & WA
email: jaime@ggfm.com

Mark J. Makler

Admitted in OR & WA
email: markm@ggfm.com

Steven Schuback

Admitted in OR & WA
email: stevens@ggfm.com

Sean Lemoine

Admitted in OR & WA
email: seanl@ggfm.com

EUGENE, OR

423 Lincoln Street
Eugene, OR 97401
(541) 342-7820
(541) 342-7802 (FAX)

Rhonda J. Fenrich

Admitted in OR & WA
email: rhonda@ggfm.com

Becky Gallagher

Admitted in OR & WA
email: beckyg@ggfm.com

**Lisa A. Maybee
Of Counsel**

Admitted in OR
email: lmaybee@teleport.com

March 8, 2007

Cathleen Callahan, Executive Director
Public Employment Relations Commission
P. O. Box 40919
112 Henry Street NE, Suite 300
Olympia WA 98504-0919

Re: Western Washington University Police Association
Petition for Investigation of Question Concerning Representation

Dear Director Callahan:

Enclosed please find an original and one (1) copy of the Western Washington University Police Association's Petition for Investigation of Question Concerning Representation, along with the current Collective Bargaining Agreements. I have also enclosed the original showing of interest cards. As evidenced by the attached Certificate of Service, I have provided a copy (without showing of interest cards) to Chyerl Wolf-Lee, for Western Washington University, and Brenda Williams, for AFSME - WFSE.

If you have any questions or need further information, please contact me.

Sincerely,

GARRETTSON, GOLDBERG, FENRICH & MAKLER, P.C.


Mark J. Makler
MJM/lr

c: Chyerl Wolfe-Lee, WWU
Brenda Williams, AFSCME - WFSE
Josef Bailey, WWU Police Association

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